

LETTER HOUSEHOLD MAY HAVE SOCIAL SECURITY OFFICE COMPLETE

SOCIAL SECURITY AND/OR SUPPLEMENTAL SECURITY INCOME (SSI)

This statement is to confirm that _____ received the following
(Name of Claimant)

social security \$ _____ or SSI income \$ _____

for the month of _____.

Signature of Official

Date

City

State

Zip Code

Telephone No.: _____

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